

PO9000088955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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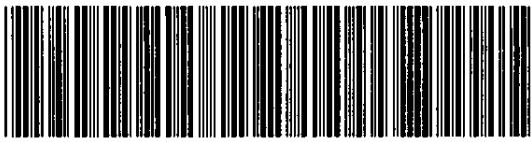
(Business Entity Name)

(Document Number)

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12/10/09--01037--001 \*\*35.00

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AND  
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09 DEC 10 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100163413631  
12/10/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MARY ESTHETICS & COSMETOLOGY, INC

**DOCUMENT NUMBER:** P09000088955

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Duque

Name of Contact Person

Mary Esthetics & Cosmetology

Firm/ Company

P. O. Box 771824

Address

Orlando, FL 32877-1824

City/ State and Zip Code

mypinkcosmetics@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Duque

Name of Contact Person

407) 574-2647

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Mary Esthetics & Cosmetology, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P 090000 88955

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

1619 Cedar lake Dr  
Orlando, FL 32824

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P. O Box 771824  
Orlando, FL 32877-1824

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Alicia Duque

New Registered Office Address:

1619 Cedar lake Dr

*(Florida street address)*

Orlando FL 32824

*(City) (State) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Alicia Duque

*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**  
*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

**The date of each amendment(s) adoption:** 11/1/09

**Effective date if applicable:** \_\_\_\_\_ *(date of adoption is required)*  
*(no more than 90 days after amendment file date)*

### **Adoption of Amendment(s)**

**(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/1/09

**Signature**

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Alicia Duque

(Typed or printed name of person signing)

OWNER

(Title of person signing)

The name of my business is Mary Esthetics & Cosmetology, Inc

Please change the following addresses from  
12250 Menta St  
Orlando, FL 32837

To the following:

Please change my principal address to:  
1619 cedar lake dr  
orlando, fl 32824

Mailing address:  
Po box 771824  
orlando, fl 32877-1824

Registered Address:  
1619 cedar lake dr  
orlando, fl 32824

Officer/director detail:  
1619 cedar lake dr  
orlando, fl 32824

Thank you very much for your cooperation,

Alicia Duque  
Alicia Duque